PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notificatio	., opean, g u	Note: A certificate of	mailing c	an only be used for	r domestic mailings of the			
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23347 7.	590 07/06							
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RESEARCH TRIANGLE PARK, NC 27709-3398				(Depositor's name)				
						(Signature)		
·							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/595,997	05/24/2006		Keith Biggadike	PB60623USW		1516		
TITLE OF INVENTION: BENZOTHIOPHEN AND THIOCHRONE CONTAINING PHENETHANOLAMINE DERIVATIVES FOR THE TREATMENT OF RESPIRATORY DISORDERS								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$0 \$17		10/09/2007	
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS					
O SULLIVAN, PETER G		1621	564-080000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1,363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attempts. Robert J. Smith					
Change of correspon	dence address (or Char	or agents OR, alternatively,						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or	type)				
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGN	IEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
GlaxoG	Greenfo	Greenford, MIDDLESEX, UNITED KINGDOM						
Please check the appropriate assignce category or categories (will not be printed on the patent):								
4a. The following fcc(s) are	submitted:	41	. Payment of Fee(s): (F	yment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
Issue Fee		U A check is enclosed.						
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Advance Order - #0	1 Copies		overpayment, to De	posit Account Numb	er 07-13	592 (enclose an	extra copy of this form).	
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
NOTE: The Issue Fee and Finterest as shown by the rec	,					· · · · · · · · · · · · · · · · · · ·		
interest as shown by the rec	ords of the United Stat	les Patent and Trademark	Office.					
Authorized Signature Twill J. Lett			•	Date	-/-	2007	*	
Typed or printed name _		Date 10-1-2007 Registration No. 40,820						
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